

STATE OF CALIFORNIA

ONTRACT NOTIFICATION ***** MANDATORY *****

CONTRACT NUMBER:

1S-05-70-06

DESCRIPTION:

COMPUTER EQUIPMENT:

PERIPHERALS

CONTRACTOR:

WESTERN BLUE CORP

EFFECTIVE DATES:

6/30/2005

THROUGH

6/29/2007

SUPERSEDES CONTRACT NO.:

NONE

AREA:

STATEWIDE

DISTRIBUTION:

STATE AND LOCAL AGENCIES

* TAX:

Add appropriate sales and use tax. Exempt from Federal Excise Tax.

*Food contracts are tax exempt.

RITA HAMILTON Deputy Director

Use of this agreement by all agencies is mandatory with monetary exceptions stated herein or contained in State Administrative Manual.

To obtain assistance or report non-compliance by supplier, or for any suggestions or recommendations write:

Department of General Services, Procurement Division, P.O. Box 989054, W. Sacramento, CA 95798-9054, or call: Contract Administrator, BOB RIOLA 916-375-4454, CALNET 480-4454

Contract (Mandatory): 1S-05-70-06

SUPPLIER ID:

190135

NAME: ADDRESS: WESTERN BLUE CORP 9745 BUSINESS PARK DR #A SACRAMENTO, CA 95827

CONTACT:

800-998-8020

KEN WINEBERG

FAX NUMBER:

800-804-0870

TERMS OF PAYMENT:

Net

FOB:

Destination

MINIMUM ORDER:

\$50.00

Western Blue's BOE Permit Number: SR-KH28-772045

CONTRACT MANAGEMENT:

Use of this agreement is MANDATORY with the monetary exceptions stated herein or contained in the State Administrative Manual. To obtain contract information, ordering assistance, offer suggestions, or report supplier non-compliance:

WRITE:

State of California Department of General Services Procurement Division PO Box 989054 West Sacramento, CA 95798-9054

CONTACT:

Department of General Services, Procurement Division

Phone:

916-375-4400

Toll-Free:

800-559-5529

TTY Assistance:

916-376-1891

CONTRACT ADMINISTRATOR'S E-MAIL ADDRESS:

Bob.Riola@dgs.ca.gov

WESTERN BLUE CORPORATION

SALES TAX RESALE CERTIFICATE

Firm name: Western Blue Corporation

I HEREBY CERTIFY.

That I hold a valid seller's permit number: SR-KH 28-772045

Issued pursuant to the Sales and Use Tax Law; that I am engaged in the business of selling

Computers, Components, Peripherals and Furnishings

That the tangible personal property described herein which I shall purchase from:

Will be resold by me in the form of tangible personal property, PROVIDED, however, that in the event any of such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood hat I am required by the Sales and Use Tax Law to report and pay for the tax, measured by the purchase price of such property.

Description of property to be purchased: Computers, components, peripherals and furnishings

_20*_e≲* Signature Dated: <u>ろい</u>

By and Title: Mathew S. Niemann, CFO At: Sacramento, California

9745 Business Park Drive, Suite "A" Phone: 916-366-0708 Address:

Sacramento, CA, 95827

STATE OF CALIFORNIA-DEPARTMENT OF FINANCE

PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9) STD. 204 (Rev. 6-2003)

1	INSTRUCTIONS: Complete all information on this form. Sign, date, and return to the State agency (department/office) address shown at the bottom of this page. Prompt return of this fully completed form will prevent delays when processing payments. Information provided in this form will be used by State agencies to prepare Information Returns (1099). See reverse side for more information and Privacy Statement. NOTE: Governmental entities, federal, State, and local (including school districts), are not required to submit this form.				
PAYEE'S LEGAL BUSINESS NAME (Type or Print)					
2	Western Blue Corporation, Insight Public Sector, Inc., and Hewlett Packard				
	SOLE PROPRIETOR - ENTER NAME AS SH	OWN ON SSN (L	ast, First, M.I.)	E-MAIL ADDRESS	
		1 21.2.110		sales@westernblue.com	
	MAILING ADDRESS PO Box 713096	BUSINESS AD 9475 Busines		s Park Drive	
	CITY, STATE, ZIP CODE Columbus, OH 43271-3096	CITY, STATE, Sacramento,			
PAYEE ENTITY TYPE	ENTER FEDERAL EMPLOYER IDENTIFIC PARTNERSHIP ESTATE OR TRUST	CCIRPORATION: MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.) LEGAL (e.g., attorney services) EXEMPT (nonprofit) ALL OTHERS			
ONE BOX ONLY	INDIVIDUAL OR SOLE PROPRIETOR ENTER SOCIAL SECURITY NUMBER	ER:	authority of California	Revenue and Tax Code Section 18646)	
PAYEE RESIDENCY STATUS	 ✓ California resident - Qualified to do business in California or maintains a permanent place of business in California. California nonresident (see reverse side) - Payments to nonresidents for services may be subject to State income tax withholding. No services performed in California. Copy of Franchise Tax Board waiver of State withholding attached. 				
5	I hereby certify under penalty of r erjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the State agency below.				
	AUTHORIZED PAYEE REPRESENTATIVE			Date 11-11-05 Phone 9	16-366-0708
	Brian Gai - VP Western Blue	Brian Hicks - VP Insight Public Şestor, Inc		Daniel R. Kubat - Director Hewlett-Packard Company	
	Signatures:	-RI			
				Lawel K.	Kubat
	Please return completed form to:				
6	Department/Office:		_		
<u></u>	Unit/Section:				
	Mailing Address:			- the triple	_
	City/State/Zip:				
	Telephone: ()		Fax: ()		
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